

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	L	70 15353	10/26/20
FORMALITY REVIEW			12-26
RESPONSE FORMALITY REVIEW		7162	3/25/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (through numeral)... Canceled
 + Disclaimed

N Non-elected
 I Interference
 A Appeal
 O Canceled

Claim	Date
Final Original	1/1/01 P2
1	1/1/01 P2
2	1/1/01 P2
3	1/1/01 P2
4	1/1/01 P2
5	1/1/01 P2
6	1/1/01 P2
7	1/1/01 P2
8	1/1/01 P2
9	1/1/01 P2
10	1/1/01 P2
11	1/1/01 P2
12	1/1/01 P2
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Claim	Date
Final Original	1/1/01 P2
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Claim	Date
Final Original	01/31/01 P2
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPY

BEST AVAILABLE COPY

Claim	Date
85/57	1/10/91
86/52	1/13/91
87/53	1/13/91
88/54	
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94/60	
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133/99	
134/00	

Claim	Date
85/61	1/13/91
86/62	1/13/91
87/63	1/13/91
88/64	1/13/91
89/65	1/13/91
90/66	1/13/91
91/67	1/13/91
92/68	1/13/91
93/69	1/13/91
94/70	1/13/91
95/71	1/13/91
96/72	1/13/91
97/73	1/13/91
98/74	1/13/91
99/75	1/13/91
100/76	1/13/91

Claim	Date
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